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THE IMPACT OF EXPERIENCING AGEISM AND SOCIAL SUPPORT
ON THE RELATIONSHIP BETWEEN AGE AND
PERCEPTIONS OF SELF-EFFICACY

A Thesis

Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology:
Industrial/Organizational

by
Sean Anthony Alexander

June 2020

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ABSTRACT

In the present research I investigated the impact ageism has on older employees' occupational self-efficacy, and whether social support could decrease or change the strength of the relationship. Another goal of the present study was to assess if age and occupational self-efficacy had a linear relationship. Considering that older workers are often targeted by instances of ageism, this study focused on the ageist experiences of employees who were 40 years or older. A sample size of 208 MTurk workers participated in the online survey. Respondents were asked to answer questions relating to their experiences of ageism in work the workplace, level of self-efficacy, quantity and quality of social support, and psychological capital. A total of five highly reliable and valid scales were utilized to test three hypotheses: The initial hypothesis predicted that older employees (65 or older) will exhibit higher self-efficacy levels than their younger coworkers (40 to 64); Hypothesis 2 stated experiences of ageism will mediate the relationship between age and level of self-efficacy; and Hypothesis 3 stated social support will moderate the mediating relationship between experiences of ageism and perceptions of self-efficacy. From the 208 respondents who participated in the study, 49.2% consisted of individuals who ranged in age from 50 to 59, 67.0% of respondents were women, 84.2% were Caucasian. Results revealed that there is a positive linear relationship between employee age and occupational self-efficacy; additionally, ageism was not a significant mediator for the relationship between age and self-efficacy; lastly,

social support does significantly moderate the relationship between ageism and occupational self-efficacy. Limitations and future research are explicated.

Keywords: Self-efficacy, social support, ageism, prejudice, discrimination, and stereotypes

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“When there is no struggle, there is no strength.”
– Oprah Winfrey

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CHAPTER ONE

LITERATURE REVIEW

Self-Efficacy

Self-efficacy is defined as a self-evaluation of one's own competence to successfully perform a course of action necessary to reach desired outcomes (Bandura, 1982). Perceptions of self-efficacy are highly impactful on the decisions organizational members make, as well as being a crucial determinant of the level of commitment that individuals have to the organization. Self-efficacy influences many variables such as the quality of work that is produced, an individual's motivation, one's performance, taking on new tasks, and continuity in a task that an employee has already began (Bandura, 1993). Organizational members with decreased levels of self-efficacy will often opt out of more challenging goals for themselves, which subsequently may negatively affect the organization. Employees who show signs of low self-efficacy may also tend to avoid difficult tasks, take longer to overcome setbacks or failures, and are generally not confident in their abilities. Employees who are not confident in their abilities are more likely to have low goal attainment and tend to not overcome obstacles that they are faced with. They also tend to reduce their efforts and give up quickly when confronted with difficulties.

However, self-efficacy beliefs mature as a result of elucidating information cues. These cues include previous experience, exposure to modeling, and verbal

persuasion. It has been found that experience is the most influential of these informational cues (Bandura, 1982). According to Bandura (1995) an individual's self-efficacy is predicated upon previous achievements, particularly achievements that challenged the individual and were overcome with persistent effort. Dissimilarly, an individual's failures diminish an individual's sense of self-efficacy, particularly if the individual only achieved accolades with little effort.

Therefore, the stronger an individual perceives their self-efficacy, the more likely they are to set higher goal attainment for themselves, and they are more likely to commit to achieving them. Individuals with increased amounts of self-assurance in their abilities are more likely to view complicated tasks as challenges that are to be mastered as opposed to threats that should be avoided (Bandura, 1994). Bandura attributes an individual's ability to see a complicated task as an opportunity or a challenge as growth or fixed mindset. Individuals with a growth mindset, observe others thriving at a task, they observed that they have the ability to accomplish the same task. However, if an individual has a fixed mindset, they observe others failing at a task or if that individual is given negative feedback about their capability to attain a goal, these individuals exhibit less effort or do not attempt to accomplish the assigned task (Bandura, 1995). Furthermore, individuals who perceive themselves as highly efficacious ascribe their shortcomings to lack of effort, whereas individuals who deem themselves as having low-self efficacy credit their failures to inability. Self-efficacy beliefs are often the most integral and prevalent influencers of the decision's employees

make and goals that employees set for themselves. Thus, beliefs about self-efficacy strongly influence the way an employee approaches a task, motivation to engage in a task, level of effort put into a task, and degree of resilience when faced with adversity.

In terms of self-efficacy beliefs in the workplace, employees who are more confident in their ability to perform at work are better at coping and consequently less likely to leave work, therefore, having less unexcused absenteeism (Gist, Schwoerer, & Rosen, 1989). Through their research, Gist and Mitchell (1992) have asserted that there is dissimilarity among individuals in the stability of equivalent levels of efficacy perceptions. Age is a possible reason for the individual differences. Experience has been noted as being most impactful in regard to efficacy cues. Findings on self-efficacy attitudes indicate that the amount of experience on which self-efficacy perceptions are predicated on are likely to impact their stability. An empirical study by Doll and Ajzen (1992) revealed that firmer attitudes develop through firsthand experiences. Comparable research has concluded that self-efficacy beliefs are more stable in older individuals, whereas younger individual's efficacy beliefs are more likely to be malleable and easily influenced (Alwin & Krosnick, 1991).

A strong sense of self-efficacy has the ability to improve human performance and overall well-being in numerous ways. Negative experiences such as discrimination are highly correlated to low self-efficacy rates in employees. When a person's self-efficacy beliefs are diminished because of

discrimination the performance of the individual is also impacted. Minority groups are typically the most affected by adverse effects. Thus, they are more likely to exhibit lower levels of self-efficacy. This sense of lowered self-efficacy can have damaging effects on the individual's performance and motivation in the workplace. Discrimination in the workplace has been an important research topic for numerous decades (Zanoni, Janssens, Benschop, & Nkomo, 2010). Despite the extensive amount of literature on discrimination in the workplace, there is a lack of literature that focuses specifically on the impacts of age discrimination on self-efficacy.

Ageism

Due to the drastic increase in life expectancy, along with the shift toward having a healthier lifestyle, humans are living much longer than they have in previous generations. It has been projected that in the United States alone that by 2030 there will be approximately 72.1 million older humans (which is defined as 65 years and older), more than double as there were in 2000 (Administration on Aging, 2014). In addition, it has been estimated that by the year 2020, 39.1% of the US workforce will be above the age of 55 years (Williams & Nussbaum, 2001). As a result, the 21st century modern workforce is becoming increasingly more diverse regarding age. Robbins and Judge (2010) hypothesize that by 2020 five different generations are anticipated to be working in tandem with one another. However, age often has a negative connotation in western societies, this includes a ubiquitous perspective where older individuals are deemed as feeble,

ill-tempered, and laggard (Kulik, 2014). It is because of these negative perceptions that western society has about older individuals which makes older workers more susceptible to an array of negative work outcomes compared to younger employees.

The notion of age represents conflicting viewpoints between individuals. Therefore, it is important to have a clear definition of ageism. The term ageism was first used by Robert Butler to describe prejudicial treatment by one age group against another age group (Ayalon & Tesch-Römer, 2018). Butler compared the impacts of ageism to the negative effects of discrimination based on social class and examined the convergence between ageism and other forms of discrimination and prejudice (Butler, 1969). Butler noted in subsequent research that ageism can be either positive or negative, however, it tends to have a negative point of view by creating self-fulfilling prophecies (Butler, 1980). Age-based prejudice (i.e., ageism) is a covert and complex occurrence, yet it is a circumstance that can lead to great risk, taking into consideration that all human-beings ultimately become a part of each age group assuming that they live long enough (North, 2012).

Age discrimination has been equated to racism as a type of stereotyping and bias which oppresses and restricts individuals who are targets of such attitudes which in turn impacts their self-perceptions (Laws, 1995; Palmore, 1999). Ageism is often noted as a barrier to engagement in work by older employees. The workplace is also noted as a common place where ageism can

occur (Davey, 2014). Age discrimination, particularly in the workplace, impacts older individuals versus younger individuals. However, younger groups are not excluded from experiencing age discrimination. As a result, ageism in the workplace is a pertinent topic for organizational research.

The Age Discrimination in Employment Act (ADEA) in the United States has made overt ageism against individuals who are 40 years of age or older more difficult. However, ageism comes in many different forms – some covert. In consequence, the laws that have been put into place may only affect the form ageism takes. The socioeconomic status of older individuals in different cultures may be a determinant on whether age discrimination occurs for or against an older employee (Finkelstein, Hanrahan, & Thomas, 2019). For instance, Chinese cultures have historically been known to show more respect to older individuals (Levy & Langer, 1994). Furthermore, it was found that Eastern cultures honor and respect older adults more and are thought to be less ageist (Finkelstein et al., 2019).

Ageism targeting older adults includes beliefs and attitudes that can turn into discriminatory actions. Age discrimination is a broad-ranging notion referring to prejudices against any age group that leads to bias and arbitrary treatment on the rationale of being too young or too old (Kunze et al., 2011). Age discrimination permeates throughout the entire workplace and can take several different forms. Ageism can occur in relation to promotion, job allocation, salary differentials, access to training, and staff benefits. However, age discrimination

has been cited mostly in recruitment and selection practices (Davey, 2014). For example, empirical research conducted by Bennington and Wein (2003) found that recruiters demonstrated age bias when deciding who to advance for employment opportunities. Additionally, two empirical studies conducted by Ferris et al. (1985), as well as Shore, Cleveland, and Goldberg (2003) found that older managers were more likely to give older employees lower performance assessments, correspondingly a meta-analytic study found that older individuals believe that their older counterparts are less competent (Kite et al., 2005). A study conducted by Brewer and Lui (1984) found that older individuals not only hold some of the same or similar beliefs about older workers, but they also possess more differentiated types of stereotypes about older employees. In addition, age discrimination permeates through various sectors of the workforce. Retail, specifically, is an industry that has been thought to be dominated by “younger employees”, and older workers often have an idea that they will have less opportunities for growth with employers in this industry (Broadbridge, 2001).

Ageism poses a great risk to organizations, in that ageism may also be the cause of many negative outcomes for older employees (Bernstein, 1990). For example, older employees have been found to encounter more adversity in different professions when compared to their younger co-workers (Hirsch, Macpherson, & Hardy, 2000). Also, age bias may lead to ageist dialogue, overt displays of ageist attitudes, and prejudicial treatment toward individuals solely based on age (McCann & Giles, 2002). Additionally, the negative impacts that

have resulted from ageism have been shown to be connected with lowered self-efficacy, diminished performance, and cardiovascular stress among older employees (Levy, Ashman, & Dior, 1999). Empirical evidence has found that older individuals have a greater tendency to internalize negative age stereotypes, thus, making it less likely to report or be cognizant of age injustice (Duncan & Loretto, 2004). Lastly, age discrimination was associated with lowered job satisfaction, organization commitment, and job involvement (Orpen, 1995). Age discrimination can also carry serious ramifications for individuals and organizations, that include reduced job satisfaction, well-being, organizational commitment, and performance (Zaniboni, 2015). Researchers also concluded that age discrimination was found to have a moderating effect on work-related outcomes, which negatively impacted the worker's health (Wegge et al., 2012). Wegge and associates also found that there was a correlation between age diversity salience and health of employees which was moderated by age discrimination. Specifically, when workers perceive high age-discrimination in the workplace, the salience of age diversity in teams significantly impacted the health of the employee (Wegge et al., 2012). The effect was not significant for employees who experienced low levels of ageism.

When minorities are faced with discrimination it negatively impacts their self-efficacy (Zanoni et al., 2010). The effects of discrimination may lead to negative outcomes such as: decreased performance levels, less goal attainment, and lack of self-confidence. Empirical studies have found that there are stresses

that are unique to discrimination. For example, a positive correlation has been found between the social stressors of discrimination and racism, as well as the physical and mental well-being of a person (Stevens-Watkins et al., 2014).

According to research conducted by Bandura (1986) there are two essential types of expectations. The first type, self-efficacy expectations, which is the notion that personal capabilities are responsible for attaining a particular outcome. Corresponding with research conducted by Bandura, self-efficacy beliefs are judgements about how a person can function in a particular way in order to achieve a particular goal or effectively manage a stressful environment. High self-efficacy has been highly correlated with a better control of stressful situations, to increased self-esteem, better well-being, and better adaptation and rehabilitation from chronic diseases.

Conversely, a decreased sense of self-efficacy is correlated to more symptoms of anxiety and depression (Karademas, 2006). Stereotypes are generalized beliefs attributed to an isolated group about their assumed characteristics or traits (Fiske & Neuberg, 1990). Age-based stereotypes have been studied extensively, and researchers have discovered that older employees are faced with numerous age-based stereotypes in the workplace (Finkelstein et al., 2019). Age stereotypes can potentially discourage older employees from remaining in the workforce (Brooke & Taylor, 2005). Posthuma and Guerrero (2013) have categorized age stereotypes as fluctuating across two dimensions, (1) polarity, and (2) veracity, where polarity indicates the degree to which the

content of the stereotype favorably (vs. unfavorably) represents the group, while veracity indicates the degree in which the stereotype is empirically supported (true or false). Researchers who have reviewed age stereotype literature have found that the predominant stereotypes of older employees with negative polarity are the perceptions that older workers are inferior performers, less motivated, unwilling and unable to learn, and more resistant to change compared to younger employees (Finkelstein et al., 2019). Findings by Snyder and Miene (1994) assert that older individuals may pose a threat to young individuals because thoughts of aging are a reminder to young individuals that they will grow old as well. Furthermore, Snyder and Miene suggest stereotypes serves an ego protection mechanism — placing blame on older adults as an alternative to the aging process. Also, older workers occupy most managerial or senior level in organizations; this conflicts with the career advancement opportunities for younger professionals (Ekamper, 1997).

Age stereotypes that align more with positive polarity are the beliefs that older workers are dependable, experienced, dedicated, and less likely to vacate their position compared to younger workers. With respect to the veracity of the aforementioned stereotypes, an innumerable amount of empirical support has disproved almost all of the negative stereotype concerning older workers, while most of the positive stereotypes have been supported (Finkelstein et al., 2019). Empirical research conducted by Iweins, Desmette, Yzerbyt, and Stinglhamber (2013) concluded that positive stereotypes about older workers predicted positive

behaviors regarding older co-workers as communicated as feelings of admiration.

Additionally, it was found that age was positively related to organizational citizenship behavior and negatively related to counterproductive behavior, absence, and turnover. It was also concluded that older workers had an increased positive task-, people-, and organization-oriented attitudes in the workplace (Ng & Feldman, 2010). There was no evidence reinforcing the notion that older employees are less motivated or resistant to change when compared to younger employees (Ng & Feldman 2012). In spite of the substantial amount of empirical evidence that negates these stereotypes, negative stereotypes of older employees continue and have negative affect on those workers. Research conducted by Fasbender and Wang (2017) has associated negative stereotypes to discrimination against older workers. For instance, older workers are assessed more negatively when compared to younger workers, particularly in the advancement, selection, and performance appraisals (Bal, Reiss, Rudolph & Baltes, 2011; Gordon & Avery, 2004). Ageism targeting older adults includes beliefs and attitudes that can turn into discriminatory actions. Negative prejudices, values, beliefs, and attitudes related to older adults can lead to negative ramifications for health care professionals and quality such as decreasing older adult independence and decision making (Uğurlu, Kav, Karahan, & Çitak, 2019). Furthermore, empirical research conducted by Adelman, Greene, and Charon (1991) concluded that health care professionals

are at risk of heightened levels of negative beliefs toward aging groups as a result of extended exposure to illness and physically weak elders.

In an effort to combat the impacts of ageism in the workforce and vocational programs, legislators in the United Kingdom (UK) have outlawed forced retirement prior to the retirement age of 65 years, and legislators have given employers the option to request that employees work past the retirement age if they so choose (Duncan, 2008). As a further matter, the UK legislation has outlawed age discrimination in recruitment, promotion, intimidation, in addition to unfair discharge, and other workplace behaviors that specifically target older workers or disadvantage them. Despite the groundbreaking strides that have come from the legislation in the UK, stereotypes in the workplace, and laws prohibiting age discrimination remain imperative. Anti-discrimination legislation has the potential to prevent prejudice and discrimination toward a targeted group, because it changes perceptions about the ethicality of inequality (Cox & Barron, 2012). Cox and Barron also conclude that anti-discrimination laws that are related to age can diminish discrimination and prejudice toward older employees.

Given that much of the negative age stereotyping is seemingly experienced across a broad age spectrum, surveys rarely account for the differences in the levels of prejudice or discrimination throughout varying age groups. With this in mind, it is probable that young and older individuals can have experiences of age discrimination of a similar capacity and extent (Duncan, 2008).

Impact of Perceived Discrimination

Perceived discrimination and perceived maltreatment have received much attention in the field of age discrimination research. Perceived maltreatment alludes to day to day instances and perceptions of inadequate treatment; while perceived discrimination is an all-encompassing term that can include smaller surreptitious sleights, in addition to actual loss of employment, promotion, and advancement (Finkelstein et al., 2019). When an individual postulate that they have been the target of discrimination within the dimensions of the workplace, no matter the sources, it conveys a lack of worth, repudiation, and exclusion (Schmitt et al., 2014). Perceived discrimination is therefore conceptualized as a stressor, which in turn is presumably considered a threat as opposed to a challenge (Lazarus & Folkman, 1984).

What makes perceived discrimination distinct from any other phenomena is the findings that perceived discrimination has a significant effect on health outcomes independent of general workplace stress (Luo, Xu, Granberg, & Wentworth, 2012) and preceding physical and emotional health (Pavalko, Mossakowski, & Hamilton, 2003). Using the social identity theory as a foundation, Branscombe et al. (1999) developed the rejection-identification model to illustrate the impacts of perceiving discrimination on individuals who constitute low status or minority groups. Perceived discrimination can reflect pervasive rejection, and mistreatment across numerous social settings. In the model, Branscombe and colleagues assert that perceptions of such rejection can be

deleterious to self-efficacy and feelings of control, which in turn may induce negative assumptions for the future (Schmitt & Branscombe, 2002). Supporting research has confirmed this assertion, exhibiting that perceived discrimination results in lower psychological welfare for members of low status or minority groups (Garstka et al., 2004). As reported by the rejection-identification model, however, having perceptions of discrimination can increase group identity for minorities, specifically, when the dividing line between the minority group and non-minority group are perceived as impenetrable. Thus, the rejection-identification model hypothesizes that by advancing inclusivity, group identity can moderately attenuate the negative effects of perceived discrimination on well-being.

For members of minority groups, the prospect that they may be able to transition to a higher status group is a critical determinant of group identification (Ellemers, 1993). The constancy of low status group association is an essential theory of the rejection-identification model, and preceding tests of the model have centralized its focus on group memberships that are fairly enduring and lasting (e.g., gender, race) (Garstka et al., 2004). Since moving from a low status or minority group is unattainable, the discrimination that older individuals are subjected to is inevitable and represents an inescapable and a negative reminder of their indefinite group membership. Consequently, following the rejection-identification model, perceptions of discrimination are likely to be detrimental to

the well-being for older adults, just as they are for other minority groups in which associateship is indefinite (Schmitt & Branscombe, 2002).

Similarly, perceptions of discrimination are expected to lead to increased group identification for older individuals, just as they do for similar marginalized groups with minimal opportunity for individual mobility, the result of this increased identification will help to rectify the negative ramifications of perceived discrimination on an individual's well-being. The perceived discrimination that older adults may experience have effects that mirror those found in marginalized groups whose association is permanent and for whom discrimination is unlikely to avoid (e.g., African Americans, women), as detailed in the rejection-identification model (Garstka et al., 2004). Perceived discrimination has great significance because it is only when others deem an action to have discriminatory intent that negative reactions transpire (Davidson & Friedman, 1998).

Social Support

Social support is an extensive construct that delineates the physical and emotional solace provided to individuals by their friends, family, and other significant persons in their lives (Israel & Schurman, 1990). It can also be thought of as the extent to which an individual's basic needs are fulfilled through interactions with others (Thoits, 1982). Social support and personal resources are considered by many to be positive self-evaluations that are commonly associated with resiliency, and they allude to an individual's capacity to

successfully accomplish a task and impact their environment (Hobfoll, 2002). As proposed by Hobfoll (2002), an employee who is older and still has access to personal resources (i.e., social support), for example self-efficacy, innovation, responsibility, competencies, learning capabilities, motivation, and adaptability, can effectively handle work and retirement challenges. Social support may act as a protective barrier for older adults, by protecting them from the stressors associated with physical health which has been shown to have an impact on older adults with low social support. When social support was high, individuals displayed better physical health and was related to decreased positive affect (Oxman et al., 1994). Likewise, individuals with high social support, physical ailments are less likely to induce the development of anxiety or depressive symptoms (Paukert et al., 2010).

Social support has also been found to moderate the relationship between physical health and worry. Social resources are often studied as acquired or loss of social support in the workplace (Hobfoll, 2002). In terms of research on aging, a distinct type of loss of social support in the workplace is age discrimination, which can be distinguished by negative attitudes and behaviors toward others entirely based on sequential age (Greenberg, Schimel, & Martens, 2002). An older employee's perception of ageism may originate from interpersonal processes and instances between co-workers and supervisors (Kunze, Boehm, & Bruch, 2011).

Self-efficacy in relation to social support was formulated as one's perception that he or she could effectively handle various social concerns pertained to obtaining social support from the environment (Holahan & Holahan, 1987). Following the framework provided by Bandura (1982), an individual who initially feels capable of finding and participating in supportive social relationships is at an increased chance of ultimately acquiring a sufficient level of social support for healthy psychological functioning. The initiation of supportive social connections, in turn, advance strengthening efforts in the social domain, as well as encouraging the ongoing establishment and continuation of social relationships (Holahan & Holohan, 1987). Social support may in fact influence self-efficacy through four dimensions: performance accomplishments, vicarious experience, verbal persuasion, and psychological response (Bandura, 1997). Therefore, in stressful predicaments it may be that social support strengthens self-efficacy by evoking memories of one's past accomplishments. Individuals may show support by sharing or experiences of accomplishments that are relatable, in an effort to increase efficacy beliefs through vicarious experience. Verbal persuasion and comforting from supportive individuals are likely to influence self-efficacy.

Consequently, fostering self-efficacy by interacting in a mutually beneficial way with emerging accomplishments in a social capacity yields the subsequent establishment of a firm support system, which is a vital component to the older employee's psychological well-being (Holahan & Holahan, 1987). Perceived

social support alludes to anticipated support provided by other individuals if it is needed (Cohen & Hoberman, 1983). Social support systems impart stability, predictability, and positive affect. According to empirical research, social support has been proven to have significant influence on health both directly and indirectly through certain cognitive processes, coping methods, and healthy behaviors (Cohen & Wills, 1985). Studies have explored the correlation between expectations, social support regarding human functioning, and health (Karademas, 2006). Furthermore, empirical research has examined the correlation between self-efficacy and social-support factoring in the human functioning and health. A study was done which looked at abused African American women, revealed that self-efficacy and suicide attempt status are partially accounted for by the mediation of perceived social support from family and peer relationships (Thompson, Kaslow, Short, & Wyckoff, 2002). Studies have shown that there is a link with better mental health with older individuals experiencing fewer depressive symptoms (Antonucci & Jackson, 1987). Selecting emotionally supportive bonds are vital to evoke the resilience needed for successful adjustment to the complexities that come with aging (Carstensen, 1992). Social support and social relationships are invaluable resources for older individuals.

Past empirical research and theoretical literature suggest that there are several types of social support, however, numerous types of social support can be categorized into two types of support: emotional (i.e., approval,

encouragement, and admiration) and instrumental support (i.e., financial help and support with housekeeping and child care responsibilities) (Carlan, 2001). Frequently, emotional support is deemed to be the most essential type of social support (Berkman, 1995). Likewise, a meta-analysis found that instrumental support to be a strongest indicator of physical health (Schwarzer & Leppin, 1991). Similarly, empirical research by Östberg and Lennartsoon (2007) had similar findings that “financial support” to be very predictive of health, in addition to fellowship and having the possibility to express personal issues with a companion. Although, the literature is still uncertain about which type of support is most effective for stressful circumstances, it can be argued that instrumental support is best in a stressful, and/or discriminatory environment.

Psychological Capital

Psychological capital (PsyCap) is a construct that consists of an individual's positive psychological state of development and can be categorized by: (1) an individual's confidence in their ability to take on or accomplish a challenging task (self-efficacy), (2) having hopefulness and confidence about the future or the successful outcomes of something, (3) persevering toward goals, and overcoming obstacles in order to meet goals (hope); and (4) when faced with hardships and adversity, withstanding or bouncing back quickly for difficult predicaments in order to obtain success (resiliency) (Luthans, Youssef, & Avolio, 2006). A sub component of psychological capital (self-efficacy) has been shown

to have a proactive effect on challenges and difficulties and has been shown to assist in developing a successful orientation period in numerous stressful or difficult situations (Skaalvik & Skaalvik, 2007). Psychological capital has been found to have positive effects on organizational commitment and well-being in the workplace among other work outcomes (Avey et al., 2010; Zhong, 2007). Additionally, empirical evidence has been found suggesting that PsyCap can significantly moderate the relationships of stress and depression, therefore acting as a positive resource for combating depression (Liu et al., 2012; Shen et al., 2014). The present study will focus on the self-efficacy sub-component of psychological capital.

Problem Statement

The central problem is that, for many marginalized communities, being subjected to discrimination diminishes their self-efficacy. This in turn results in impairment in their ability to achieve tasks and goals they have set for themselves. The correlation between discrimination and decreased self-efficacy levels has been evident through the literature (Matthews et al., 2013; Richardson et al., 2013). Research conducted by Matthews et al. and Richardson et al. both concluded that being subjected to racial discrimination was a significant indicator of diminished self-efficacy beliefs. However, the literature is unclear on how ageism may impact self-efficacy beliefs and whether level of social support can act as a moderator of that relationship.

Purpose of the Study

The current research problem that was analyzed in this thesis was the impact of ageism on the relationship between age and self-efficacy, and whether social support acted as a moderator. Since there has not been any prior research that has solely looked at these variables in such a way it is difficult to know: (a) if ageism significantly mediates the relationship between age and self-efficacy levels of older employees versus younger employees; and (b) whether social support aides in fortifying resiliency in underrepresented groups, therefore stabilizing or increasing self-efficacy levels (i.e., serving as a moderator). Therefore, the purpose of the present study was to analyze the impact of ageism and social support on the relationship between age and self-efficacy. Ageism is comprised of three central dimensions: discrimination, prejudice, and stereotyping (Iversen, Larsen, & Solem, 2009). However, since there is not a scale that explicitly measures the three dimensions of ageism, in the present studying we looked at the impact of experiencing ageism in the workplace as a unitary construct.

Theoretical Framework

Previous empirical research has used a few different theories to elucidate how social support and ageism can impact perceptions of an individual's self-efficacy. There are numerous theoretical perspectives illustrating why ageism and other forms of discrimination can be detrimental to the self-efficacy levels of employees. The present study draws on three such theories:

Social Role Theory, Implicit Ageism, and Social Support Theory. The present study used the aforementioned theories as a framework to build upon, while the central focus was on the investigation of how these theories are interconnected in a way that previous literature has not explored. The notion of Social Role Theory posits that our stereotypes about social groups originate from viewing individuals in various social roles (Eagly, 1987). Following this logic, our view about stereotyped groups are biased by our observance of the behaviors that stem from the social roles that group members occupy (Kite, 1996). As a result of this observance, people begin to attribute the characteristics of the role with the individuals who inhabit the role. Instead of moving away from biased, erroneous beliefs, then, our assumptions about group members are founded upon the behaviors that are familiar to us (Kite & Wagner, 2002).

The Theory of Implicit Ageism proposes that some ageism results from implicit attitude, separate from explicit, conscious ageism (Levy & Banaji, 2002). The Theory of Social Support asserts that support decreases the impacts of stressful life events on well-being, through either the supportive actions of others (e.g., advice, empathy) or the belief that support is obtainable (Lakey & Cohen, 2000). Furthermore, this section will use the previously mentioned theories to further delineate the components that impact self-efficacy levels of employees in the workplace and examine if social support can act as a moderator.

Ageism

A considerable amount of research has been conducted to explore the effect of ageism on the self-efficacy levels of older workers. One researcher posited the notion that ageism impacts an older workers self-efficacy, as well as decreases the usage rates of computers and the internet among older workers (McDonough, 2016). A similar study done by Czaja and colleagues (2006) analyzed the factors predicting technology usage among older adults and found that computer self-efficacy was an important predictor of technology usage. The researchers also concluded that self-efficacy was a predictor of computer anxiety, which is an attitudinal variable that adversely impacted the employees' computer usage. Delving deeper into the concept of self-efficacy, age bias has the potential to lead to a decrease in self-efficacy among older adults if they internalize society's negative perception of older adults (McDonough, 2016).

Social Support

As previously defined, social resources are frequently examined as the gain/presence or the loss/lack of social support in the workplace (Hobfoll, 2002). Social support has been linked to the psychological and physical well-being of an individual and has been proven to mitigate the impact of chronic stress on well-being (Kessler & McLeod, 1985). For low-income minorities, specifically women, social networks can pose a dilemma to the individual (Belle, 1990). A literature review by Wang and Shultz (2010) divulged that almost all retirement studies

adopting a resource-based perspective have mainly narrowed their focus only on a restricted set of resources, in particular health and wealth. Additional resources, such as personal and social resources, may also act as an important role in defining retirement and work-related outcomes (Zaniboni, 2015).

Self-Efficacy

As employees spend more years in the workplace, they generally become more resilient. Self-efficacy relates to an employee's confidence in the capability to accomplish a particular task or goal in a given situation. Resiliency can also be related to self-efficacy in a cognitive aspect, resiliency is not concerned with a person's confidence or beliefs in their ability to accomplish a task, but in the actual accomplishment of those abilities in order to accomplish a task or obtain a goal. Employees with high self-efficacy exhibit the following three characteristics 1) having the ability required to accomplish a task, 2) have the capability put forth the effort require to complete a task, and 3) having the resiliency to not be deterred from performing at a high level when faced with adversity. Individuals with high self-efficacy will put forth more effort to obtain his or her goals and will stay persistent in the face of complex tasks (Hellreigel et al., 1998). I propose that employees will exhibit higher levels of self-efficacy and will be more resilient in the face of adversity in the workplace.

Hypotheses

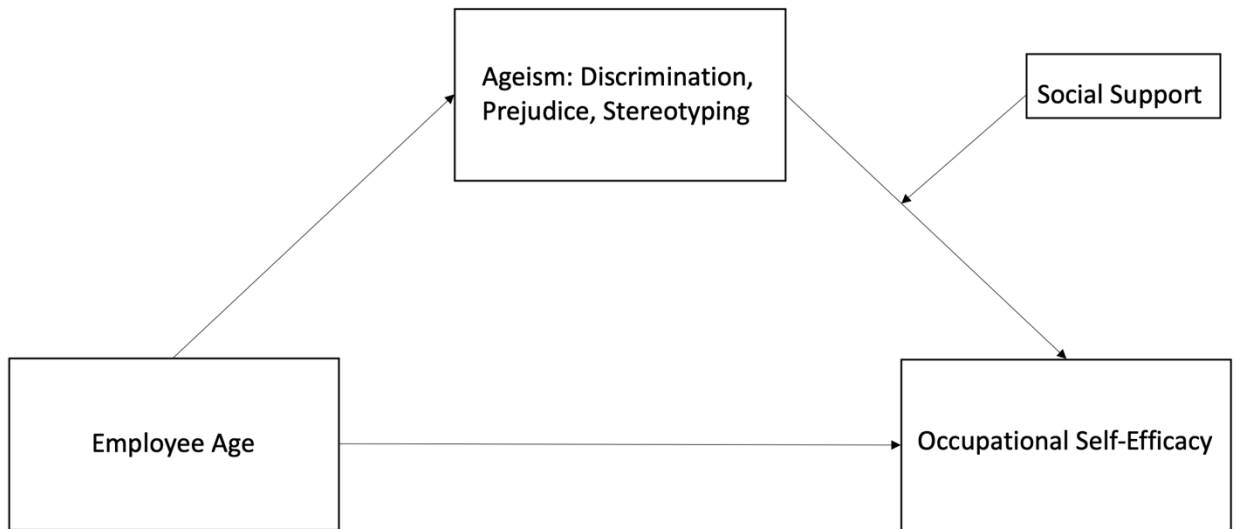


Figure 1: *A mediated moderation model depicting the relationship between age and occupational self-efficacy with ageism as a mediator and social support as a moderator.*

In sum, the purpose of the present study was to analyze the extent to which ageism impacts the relationship between age, and self-efficacy levels and whether social support plays a moderating role in the relationship between ageism, and self-efficacy perceptions by sustaining or increasing self-efficacy beliefs. I examined how ageism directly impacts the relationship between age and self-efficacy levels in the workplace. It was expected that ageism would mediate the relationship between age and self-efficacy levels of employees, such that those workers who are older will report higher self-efficacy levels, than employees who are younger. Conversely, individuals who were younger would be less impacted by ageism with regard to their reported self-efficacy levels. That

is, their self-efficacy levels would not be impacted as much as employees who are older. Based on the proposition that ageism would have an impact in self-efficacy, the following was predicted:

Hypothesis 1: Older employees will exhibit higher levels of self-efficacy, when compared to compared to their younger co-workers.

Previous literature on self-efficacy suggests that the amount of experience is an indication on which self-efficacy beliefs are based upon. As previously mentioned, Doll and Ajzen (1992) through their research illustrate that self-efficacy perceptions mature from direct experiences more so than indirect experiences. Based on the aforementioned literature, I predicted that older workers would report higher perceptions of self-efficacy when compared to their younger co-workers.

Hypothesis 2: Experiences of ageism will mediate the relationship between age and level of self-efficacy.

A person's self-efficacy is a characteristic that has the capability to be altered or improved (in contrast to more stable characteristics such as personality or intelligence) (Maurer, 2000). As such, as instances of ageism (i.e., prejudice, discrimination, stereotyping) increase in the workplace, older employees' perceptions of self-efficacy would decrease. It was anticipated that younger employees would not be as significantly impacted as a result of ageism when compared to their older coworkers. Research by Rosen and Jerdee (1976) found that age stereotypes may impact managerial judgement when it comes to training

and development, this has also been known to negatively influence an employee's self-efficacy. Furthermore, it was also concluded by Rebok and Offerman (1983) who assessed older college students, that older workers who were exposed to negative stereotypes which portray older workers as lacking competence, may reduce their self-efficacy

Hypothesis 3: Social support will moderate the mediating relationship between experiences of ageism and perceptions of self-efficacy. Specifically, employees with increased amounts of social support will have elevated perceptions of self-efficacy when compared to employees with decreased amounts of social support.

Empirical research studies have been able to consistently conclude that individuals who profess a high level of social support benefit from enhance health and well-being (Kahn, Hessling, & Russell, 2003). Increased levels of self-efficacy have been related to a strong sense of social support (Karademas, 2006).

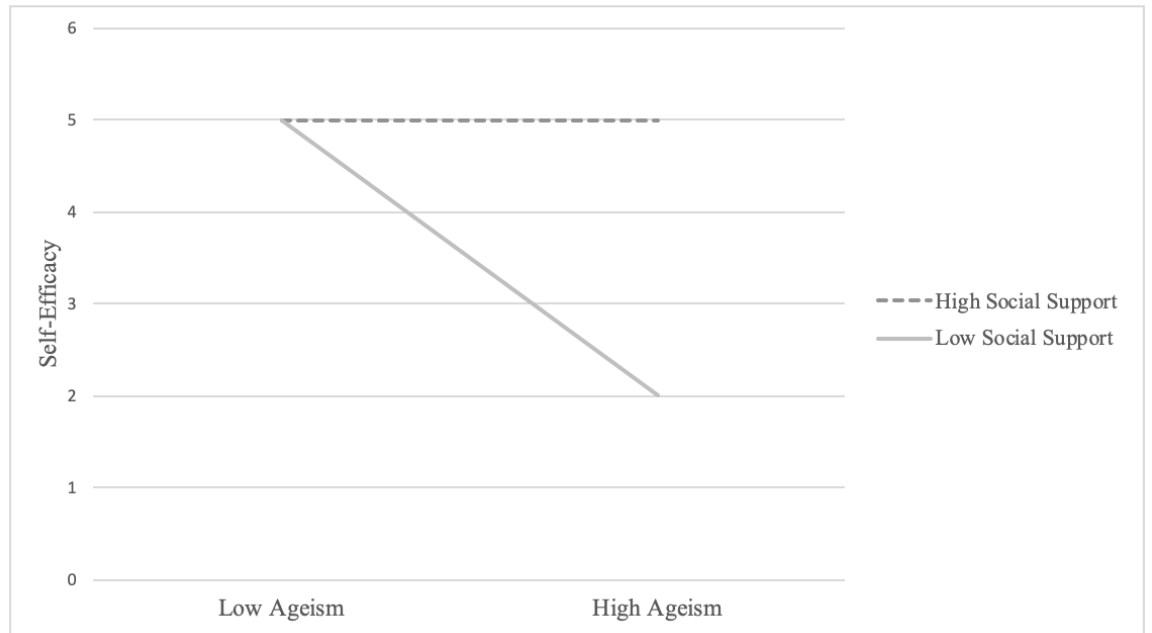


Figure 2: *The Hypothesized Effect of Social Support on the Relationship between Self-Efficacy and Experiences of Ageism.*

CHAPTER TWO

METHOD

Participants

Two hundred and twenty-one employees were recruited via crowdsourcing Amazon Mechanical Turk (MTurk) survey database to participate in an online questionnaire using Qualtrics. This survey was only assessible to employees who work full-time or part-time, were age 40 or older, and who spoke English fluently. Employees from all different backgrounds, especially marginalized populations, were encouraged to participate in the survey. Additionally, respondents were asked to report their perceptions of self-efficacy, if they have experienced any overt or covert forms of ageism, and any other forms of discrimination.

The survey was opened up in two different batches in order to make sure that there was an even distribution of middle-aged employees and older-aged employees. The first batch targeted employees who ranged in age from 40-55, which contained 106 respondents. The second batch was opened to employees who were 55 and older which contained 106 respondents. Also, snowball sampling was utilized to collect data for the study, the survey link was made available to followers of Dr. Kenneth S. Shultz's LinkedIn profile. LinkedIn members who met the criteria were asked to participate in the study via LinkedIn, this method yield a total of 9 respondents.

From the initial 221 participants, 208 were used in the analyses (men = 68, women = 140). Respondents were asked to report their demographic information that corresponds with age, gender, race, number of years worked for respective organization, education level, employment status (i.e., full-time or part-time), and income. The reported ages of participants range from a min of 40 to a max of 77 ($M = 56.13$, $SD = 7.45$). Caucasians made up the majority of the sample with 176 (84.2%) respondents, African Americans were the second largest population in the sample with 12 (5.7%) respondents, Asian Americans were the third largest group 8 (3.8%), Latinos/Hispanics were the fourth largest group 4 (1.9%), and 5 (2.4%) participants reported as being from another ethnicity than were reported (See Table 1 for complete demographic statistics).

Respondents who participated via MTurk were compensated \$2.00 for responding to the survey. Initially, it was approximated that it would take a participant 10-20 minutes to complete the survey. However, the vast majority of respondents completed the survey in under 10 minutes.

Table 1. *Demographic and Personal Statistics*

Variables	<i>n</i>	%
Age		
40-49	41	19.5%
50-59	103	49.2%
60-69	54	25.8%
70-77	10	5%
Missing	1	.5%
Gender		
Male	68	32.5%
Female	140	67.0%
Ethnicity		
African American	12	5.7%
Asian American	8	3.8%
Caucasian	176	84.2%
Latino or Hispanic	4	1.9%
Other	5	2.4%
Missing	3	1.9%
Education Level		
Completed High School	42	20.2%
Associates Degree	42	20.2%
Bachelor's Degree	81	38.9%
Master's Degree	35	16.8%
Trade or Vocational School	6	2.9%
Other	2	1.0%
Marital Status		
Single, never married	28	13.5%
Married, or in a domestic partnership	118	56.7%
Separated	2	1.0%
Divorced	45	21.6%
Widowed	10	4.8%
Long term committed relationship	5	2.4%
Employment Status		
Part-time	48	23.0%
Full-time	156	74.6%
Missing	4	2.4%
Hours per week (excluding overtime)		
Less than 10	4	2.0%
10-20	22	10.6%
21-30	19	9.0%
31-40	130	62.4%
40 hours or more per week	33	16%

Number of years employed with
organization

1-5	78	36.4%
6-10	51	25.0%
11-20	52	25.1%
20 or more	27	13.5%

Industry Type

Public	65	31.1%
Private	131	62.7%
Not-for-profit	9	4.3%
Other	2	1.0%
Missing	1	.5%

Number of Dependents

Two or less	189	91.3%
3-5 dependents	18	8.2%
Six or more	1	.5%

Household Income

Less than \$20,000	15	7.2%
\$20,000-\$39,999	43	20.7%
\$40,000-\$59,999	44	21.2%
\$60,000-\$79,999	38	18.3%
\$80,000-\$99,999	25	12.0%
\$100,000-\$149,999	30	14.4%
\$150,000 or more	13	6.3%

Demographics and Personal Statistics (*n* = 208)

Materials

Materials used for the present study were provided to respondents via an online survey software Qualtrics. Using Qualtrics was the most efficient way to administer the survey to the participants. Respondents were given an informed consent document that explained any risks that may take place with being a part of the study. In addition to the informed consent document, respondents were asked to report their demographic information, self-efficacy perceptions, and any experiences of ageism prior to completing the survey. With regard to reporting demographic information, participants were asked to report information relating to their age, race, income, gender, number of years they worked for the company, and what position they currently hold with the company (see Appendix B for the full measures).

Measures

Age

More often than not, past literature has operationalized age in chronological order (i.e., age in years since birth). As a result, this operationalization was used in this study.

Ageism

The Workplace Age Discrimination Scale (WADS) was utilized in this research. The WADS is a 9-item scale that was created in order to measure overt and covert manifestations of discrimination, in comparison to older, middle-aged, and younger employees' experiences (Marchiondo et al., 2016). In order to

achieve a better conceptualization of age discrimination, Marchiondo and colleagues (2016) each elucidated and identified the central components of the construct. By doing so, the authors devised the following operationalization of workplace age discrimination: (a) it is a behavioral display of prejudice and negative stereotypes; (b) the actions are discriminatory, biased, and uncivil; (c) one or several individuals can define the act as discriminatory, biased, and uncivil; (d) the behavior takes place in a workplace setting and may originate from supervisors, coworkers, consumers, or any other workplace personnel; and (e) the behaviors may be overt in nature but, may be covert in nature as well. To explore the factor structure of the 26-item WADS, Marchiondo et al. (2016) used principal axis factoring with an oblique rotation. As a result, two factors that explained 60.0% of the variance was found. The initial factor, with 19 items accounted for most of the variance (56.7%). The succeeding factor only accounted for three percent of the variance. Upon assessing items that scored poorly on the following criteria: means, standard deviations, item-total correlations, inter-item correlations, and factor loadings, were removed.

After removing poorly scoring items, the number of items were decreased to nine items. Although, 17- items were removed, the amount of variance accounted for remained acceptable (Marchiondo et al., 2016). A confirmatory factory analysis (CFA) was conducted on the 9-item scale to assess the convergent, discriminant, and criterion-related validity of the scale. The results of the CFA revealed, the model had good fit for the data $\chi^2 (27) = 102.29, p < .001$,

RMSEA = .086, 90% CI [.068, .103], CFI = .97, SRMR = .026. When assessing the discriminant validity of the measure the data indicated suitable fit for the model: $\chi^2(226) = 518.31$, $p < .001$, RMSEA = .058, 90% CI [.052, .065], CFI = .95, SRMR = .042. The 9-item scale also exhibited very high reliability Cronbach $\alpha = .97$ (Marchiondo et al., 2016). The reliability for the current study exhibited very high reliability with a Cronbach $\alpha = .93$. See Appendix B for the full measure.

Occupational Self-Efficacy

In conjunction with the workplace age discrimination scale, all of the participants also completed the short version of the Occupational Self-Efficacy Scale (OSES). In the workplace, self-efficacy is known as occupational self-efficacy which is defined as the perceptions of an individual about his/her abilities to successfully perform his/her work tasks (Rigotti, Schyns, & Mohr, 2008). The extended version of the OSES was created by Schyns and von Collani (2002) and contained 20 items from four different self-efficacy scales. Schyns and von Collani then created a shortened version of the original 20-item measure. Subsequently, Rigotti, Schyns, and Mohr (2008) created a 6-item occupational self-efficacy scale based on items that reported the best item characteristics (i.e., item-total correlation, factor loading, and internal consistency). Participants were asked to complete the OSES, that will assess general self-efficacy, self-esteem, and organizational outcomes such as job satisfaction and commitment (Schyns &

von Collani, 2002). The OSES is comprised of 6-items that use a Likert scale of six points ranging from (1 = not true at all) to (6 = completely true).

Rigotti and colleagues (2008) in their study assessed the validity and measured invariance of the OSES across five countries (Germany, Sweden, Belgium, Britain, and Spain), the scale reported satisfactory internal consistency, with reliability ranging from $\alpha = .85$ (Belgium) to $\alpha = .90$ (Britain). The reported reliability for the present study was very high with a Cronbach $\alpha = .96$. To assess cross-cultural measurement invariance of the OSES the researchers conducted a multigroup confirmatory factor analysis among all five countries. In addition, the coefficients indicated adequate fit indices: $N = 1535$, $\chi^2 = 274.90$, $df = 45$, GFI = .94, CFI = .94, RMSEA = .05 (Rigotti et al., 2008). See Appendix C for full measure.

Social Support

For this study, social support was measured by evaluating the number of individuals offering psychological support, hands-on assistance, and counseling. Therefore, we assessed the quantity and quality of support that an individual is receiving. The sources of social networks that were examined included: family support (e.g., my family/friends care about how I feel about my job), coworker support (e.g., the people I work with encourage me to work together), and immediate supervisor and unit supervisor (e.g., my supervisor is concerned about the welfare of those under him or her) (Baruch-Feldman, Brondolo, Ben-Dayana, and Schwartz, 2002). Empirical research on social support and work-

related outcomes have found that quality of social support in the work environment can be connected to numerous important work-related variables including: burnout, job satisfaction, performance, and can potentially moderate the impact of stress on burnout (Baruch-Feldman et al, 2002). Specifically, the quantity of received social support (i.e., actions of others that are considered helpful or intended to be helpful) and the frequency in which the support is given will be examined to determine if in fact that social support moderates the relationship between ageism and self-efficacy.

Social support stemming from both work-related and personal sources, serve as an integral role as a preventive measure for a variety of health-related factors (Semmer et al., 2008). Social support was measured by using a combination of four scales that analyzed the extent to which an individual receives support from coworkers, immediate supervisors, unit supervisors, and family. The component of the scale that measures supervisory and coworker support is derived from a modified version of Karasek's Job Content Questionnaire (Karasek's et al., 1985). All items in the scale were rated on a 4-point Likert scale that ranges from 1 = not at all to 4 = very much. A factor analysis was conducted on the scale items, each scale contained one item, except for the scale pertaining to supervisory support. All scales were retained due to adequate internal consistency with alpha levels of: Immediate Supervisor ($\alpha = .86$), Unit Supervisor ($\alpha = .91$), Family Support ($\alpha = .91$), and Coworker Support ($\alpha = .87$). When test-retest reliability was evaluated in a different sample,

it was determined that each scale revealed average reliability over a 4- month period ($r = .48 \text{ ---}.64$) (Baruch-Feldman, Brondolo, Ben-Dayana, and Schwartz, 2002). The reported reliability statistics for each measure of social support was very high, the alpha levels were as follows: Unit/Immediate Supervisor Support ($\alpha = .80$), Family Support ($\alpha = .90$), Coworker Support ($\alpha = .87$). See Appendix D for full measure.

Psychological Capital

In an effort to measure Psychological Capital, we utilized the *Psychological Capital Questionnaire* (PCQ). The PCQ is a 24-item questionnaire that was developed in order to measure state-like optimism, resilience, hope, and self-efficacy in the work environment (Luthans, Avolio, & Youssef, 2007b). Participants rate each item on a 6-point Likert scale with 1 representing “strongly disagree” and 6 representing “strongly agree.” The factor structure for the PCQ was measured across multiple samples and the results from each revealed satisfactory internal consistency. The strongest Cronbach alphas for each of the four sub-components of PsyCap, and the overall PsyCap measure from the four samples are as follows: hope $\alpha = .80$; resilience $\alpha = .72$; self-efficacy $\alpha = .85$; optimism $\alpha = .79$; and the overall PsyCap was $\alpha = .89$ (Luthans et al., 2007a). The reliability for the overall measure of PsyCap for the current study was Cronbach $\alpha = .85$.

To assess inattentive responses by participants, there were multiple instructed response items utilized within the survey (Meade & Craig, 2012).

Instructed response items included, "Please select **strongly agree** if you read this item." A total of four instructed response items were included in the survey. Instructed response items were included in every survey and were shown in the same location. If a respondent failed an item (i.e., selects a scale point other than they were instructed) their survey was not scored and was removed from collection. After assessing the data for careless responses and removing participants that failed response checks it was determined that removing careless responders did not negatively impact the data. As such, careless responders were not added back into the analysis.

Procedure

The research methodology for this study was quantitative in nature. One self-report survey was used to sample middle ages and older employees. Participants were asked to fill out a questionnaire that measured occupational self-efficacy levels, the experience of ageism, levels of social support, psychological capital, as well as demographic information. Sampling was conducted via online outsourcing (Amazon MTurk). Questionnaires were administered to employees who meet all the preliminary requirements for this study. To make certain that individuals participating in the study were qualified there were several prescreen questions to make certain individuals met the following criteria: must be 40 years or older, employed full-time or part-time, speak English fluently. Participants were required to have a computer,

smartphone, or tablet and internet accessibility in order to complete the survey. Participants were allowed to complete the questionnaire anywhere they could access it.

Prior to taking the survey, instructions were provided to respondents detailing what to expect while taking the survey, estimated time to complete survey, and assured confidentiality. For the purposes of this study, age, ageism, and social support are all variables that were measured to see the relationship with self-efficacy. The California State University, Institutional Review Board approved this study. Documentation of IRB approval is provided in Appendix F. Participants were assured confidentiality of all responses through the assignment of codes for each participant. Upon the conclusion of data collection, all employees who were involved in the study were debriefed. The primary investigator's contact information was provided to the respondents, if they needed to express any comments or concerns about the survey.

CHAPTER THREE

RESULTS

Screening

A total of 221 participants were reported in the analysis and of these reported cases, six cases were deleted due to failure of the careless response check. Respondents who failed the careless response check were notified that they would not receive compensation because of failing the response check. The remaining $N = 215$ participants received compensation. Thereafter, the data was further assessed to identify univariate and multivariate outliers.

Multivariate and Univariate Outliers

In order to assess the significance of univariate outliers a criterion of $p < .001$ was used. Any value that surpassed ± 3.3 was identified as a potential outlier. Using this criterion for identifying outliers: three outliers were found with self-efficacy with a value of ($z = 3.52$, raw score = 4.83), ($z = 3.89$, raw score = 5.17) and ($z = 4.82$, raw score = 6.00). Ageism had one outlier with a score of ($z = 3.98$, raw score = 4.80). Lastly, social support had three outliers with values of ($z = 3.48$, raw score = 3.33), ($z = 3.85$, raw score = 3.42), and ($z = 4.96$, raw score = 3.67). Once the outliers were filtered, the sample size for the analysis was ($N = 208$).

Missing Values Analysis

A missing values analysis was conducted to assess the pattern of missing data. This analysis reported data was not missing completely at random. Little's MCAR test was significant, therefore, we reject the null hypothesis and conclude that the data is not missing completely at random (MNAR), $\chi^2(107) = 276.419$, $p < .001$. 1.9% of the cases were missing for ethnicity, 2.4% of the cases were missing for employment, .5% of the data were missing for self-efficacy, ageism, and social support. The highest percentage of missing data came from ethnicity. Thus, given the small percentage of missing data, imputation of missing values was not necessary.

Assumptions were tested for this study and not all of them were met. The assumption of homoscedasticity met through examination of the scatterplot; all of the points on the scatterplot were evenly distributed above and below the mean. In order to assess normality, a criterion of $p < .001$ and a z-score distribution of ± 3.3 was used to evaluate significance. Self-efficacy was significantly skewed = 13.55 and kurtotic = 19.30. Ageism was skewed = 7.81 and kurtotic = 3.40. Social support was skewed = 6.15, and kurtotic = 11.84. See Table 1 for complete descriptive statistics. Bootstrapping was performed in the PROCESS macro (5000 samples), therefore no transformations were conducted.

The bivariate Pearson Product Moment Correlation matrix for the main Ageism, Self-Efficacy, and PsyCap scale, as well as the subscales for Social Support are reported in Table 2. Looking at the correlation matrix in its entirety,

the correlations vary substantially. Correlations varied from extremely weak negative correlations, to moderate, to strong positive correlations. For example, the self-efficacy scale had a significant, but modest negative correlation with the ageism scale ($r = -.27, p < .01$). The social support main scale had a significant, moderate to high negative correlation with ageism ($r = -.42, p < .01$). Similarly, the social support main scale had a significant, but modest positive correlation with occupational self-efficacy ($r = .28, p < .01$). The commonalities for the social support subscales (family, supervisor, and coworker) ranged from weak to moderate to high. All three subscales were negatively correlated with ageism, all three subscales were positively correlated with occupational self-efficacy and were positively correlated with psychological capital. The weakest correlation of the social support subscales was family support which had a significant, weak negative correlation with ageism ($r = -.16, p < .05$). Furthermore, the subscale supervisor social support had a significant, negative moderate to high correlation with ageism ($r = -.32, p < .01$). Lastly, the subscale coworker support had the strongest commonality with ageism with a moderately high negative correlation ($r = -.51, p < .01$).

Viewing the psychological capital scale as whole, the reported correlations were moderately weak, with one very weak non-significant negative correlation with ageism ($r = -.04, p > .05$). Psychological capital reported a strong significant positive correlation with occupational self-efficacy with a reported correlation of $r = .78, p < .01$. Viewing the social support subscales, the weakest non-significant

commonality with PsyCap was family ($r = .13, p > .05$). The strongest commonality of the social support subscales was coworker support ($r = .20, p < .01$). Lastly, all of the main scales had weak and some negative correlations with age. Age and ageism reported the an extremely weak, negative, and non-significant correlation ($r = -.002, p > .05$); age and self-efficacy reported a weak, positive and significant correlation ($r = .16, p < .05$); age and social support main scale had a very weak, negative and non-significant correlation ($r = -.05, p > .05$). All three of the subscales had extremely weak, and none were significantly correlated with age. The strongest commonality of the subscales was supervisor support with a negative non-significant correlation ($r = -.10, p > .05$) Finally, age and PsyCap had a very low, negative and non-significant correlation ($r = -.02, p > .05$). Principally, the correlations between the scales and subscales report some degree of correlation, with the exception of a few of the age variables. See Table 2 below for correlation matrix.

Table 2. *Bivariate Pearson Product Correlation Matrix for Scales and Subscales*

Variables	1	2	3	4	5	6	7	
1. Ageism	1	-	-	-	-	-	-	-
2. Occupational Self-Efficacy	-.271**	1	-	-	-	-	-	-
3. Social Support	-.424**	.277**	1	-	-	-	-	-
4. Social Support Family	-.163*	.200**	.425**	1	-	-	-	-
5. Social Support Coworker	-.510**	.334**	.893**	.423**	1	-	-	-
6. Social Support Supervisor	-.315**	.205**	.952**	.374**	.713**	1	-	-
7. Psychological Capital	-.035	.781**	.205**	.134	.197**	.186**	1	-
8. Age	-.002	.159*	-.054	-.036	.029	-.103	.023	1

**Correlation is significant at $p < .01$ level (2-tailed).

* Correlation is significant at $p < .05$ level (2-tailed).

Test of Hypotheses

The test of hypotheses was based on the final, usable sample of $N = 208$ participants. Results of the OLS regression revealed that there was a significant positive correlation between age and occupational self-efficacy, Multiple $R = .159$, Multiple $R^2 = .025$, $F(1, 206) = 5.334$, 95% $CI [-.036, -.003]$ $p < .05$. Thus, age accounted for 2.5% of the variance in self-efficacy level. Therefore, while Hypothesis 1 was supported, the effect size was rather small.

To test Hypotheses 2 a mediation analysis was conducted utilizing Hayes' (2013) PROCESS Model 4 in IBM's SPSS. In order to assess Hypothesis 3 a mediated moderation analysis was conducted using Hayes' (2013) PROCESS macro Model 14 in IBM's SPSS version 26. A total of sample size of $N = 208$ participants was used in the present analysis. The purpose of this analysis was to assess the mediating relationship between employee age, ageism, and perceptions of self-efficacy. Furthermore, the analysis examined whether social support moderated the mediating relationship between the experiences of ageism and perceptions of self-efficacy. In the analysis, social support served as an intervening variable for the relationship between ageism and self-efficacy.

For Hypothesis 2, the purpose of the mediation analysis was to test whether experiences of ageism mediates the relationship between age and level of self-efficacy. The overall model was not significant *Multiple $R = .0017$, Multiple $R^2 = .0001$, $F(1, 206) = .0006$, $p > .01$* . Results indicated that ageism did not mediate the relationship between age and level of self-efficacy $b = -.002$, $SE_b =$

.0070, $t(206) = -.0246$ 95% CI $[-.012, .012]$, $p > .01$. Thus, Hypothesis 2 was not supported. See Figure 3 for a depiction of the path diagram with path coefficients.

For Hypothesis 3, a mediated moderation analysis examined whether social support could serve as an intervening variable between ageism and self-efficacy. The overall model was significant *Multiple R* = .3840, *Multiple R*² = .1474, $F(4, 203) = 8.78$, $p < .01$. Findings further revealed social support did significantly moderate the relationship between ageism and self-efficacy $b = .3248$, $SE_b = .1175$, $t(203) = 2.76$ 95% CI $[.0931, .5565]$, $p < .01$. Furthermore, when the interaction term was added, to look at the effect of social support on the relationship between age, ageism and self-efficacy, the mediated moderation results were non-significant, R^2 change = .01323, $b = -.2572$, $SE_b = .1452$, $F(1, 203) = 3.137$, $t(204) = -1.77$, $p > .05$, 95% CI $[-.5435, .0291]$. As a result, Hypothesis 3 was partially supported. See Figure 4 and 5 for a depiction of the path diagram with path coefficients and the interaction effect.

Following, a secondary mediated moderation analysis was conducted to determine whether social support could moderate the mediating relationship between ageism and PsyCap. The overall model was significant *Multiple R* = .2283, *Multiple R*² = .0521, $F(4, 203) = 2.79$, $p < .05$. Specifically, results indicate that social support significantly moderated the relationship between ageism and PsyCap $b = .3247$ $SE_b = .1423$, $t = 2.28$, $p < .05$, CI 95% $[.04, .61]$. Results further found there is a significant mediating relationship between ageism and

PsyCap $b = -1.072$, $SE_b = .4567$, $(t) = -2.35$, $p < .05$, $CI\ 95\% [-1.97, -171]$. Ageism explained 5.2% of the variance in PsyCap. See Figure 6 for a full depiction of the path diagram with coefficients.

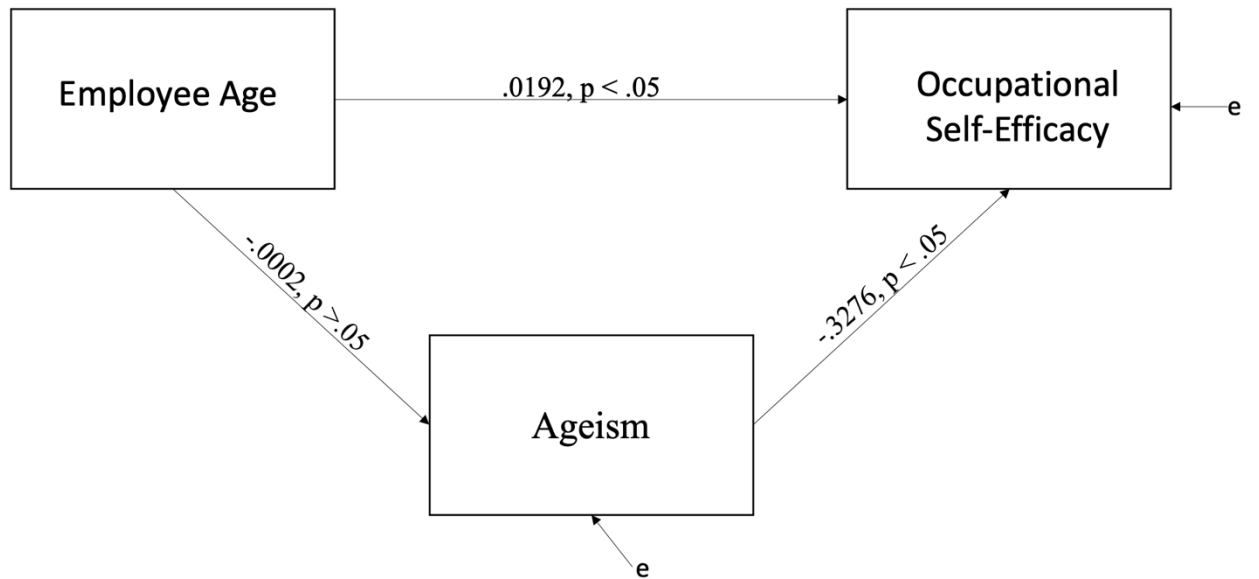


Figure 3. *Path Analysis depicting the Mediating Relationship Between Employee Age, Ageism and Occupational Self-Efficacy*

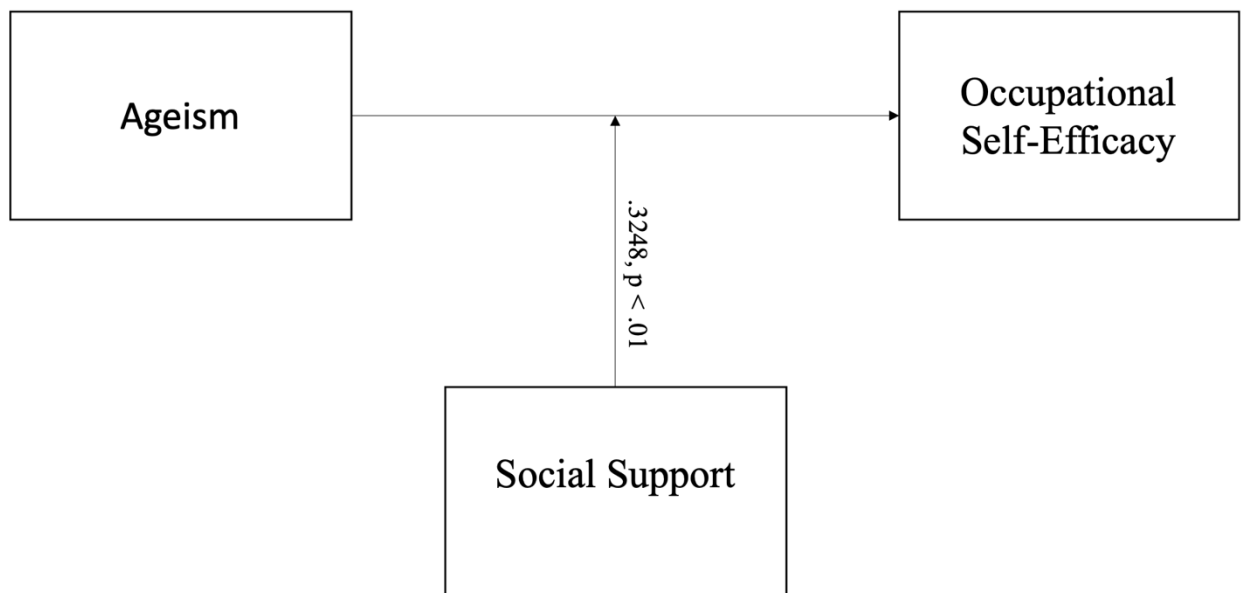


Figure 4. *Path Analysis depicting the Moderating Effect of Social Support on the Mediating Relationship Between Ageism and Occupational Self-Efficacy.*

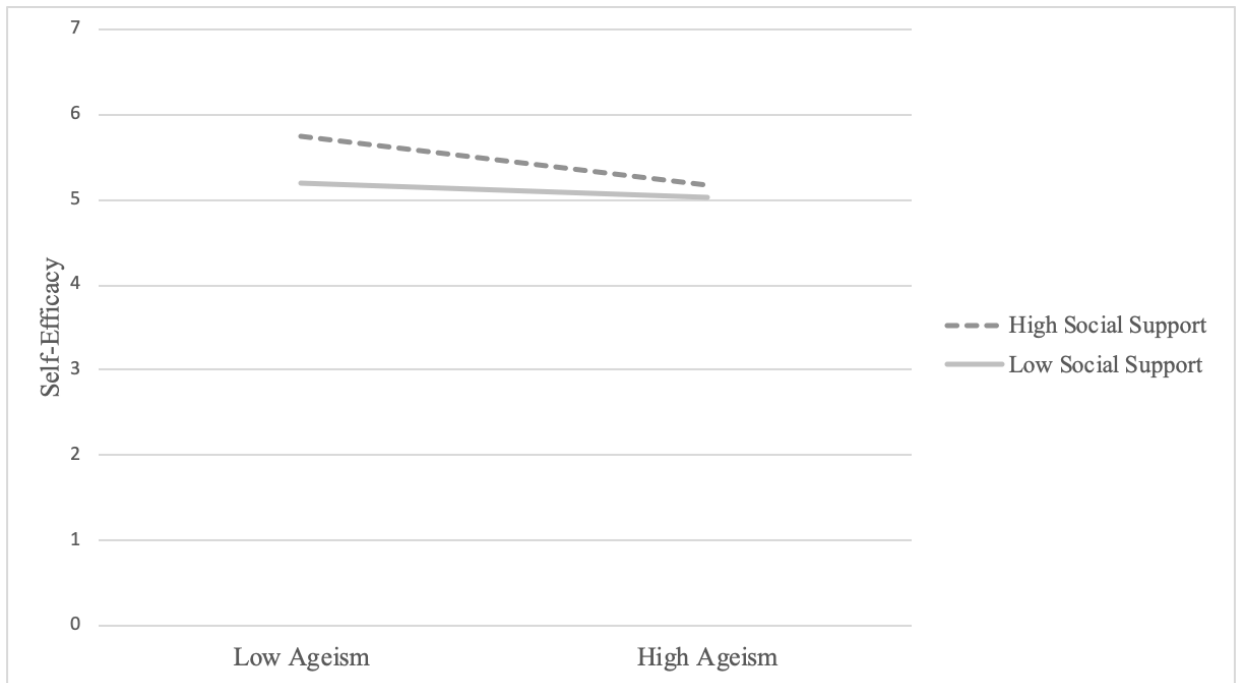


Figure 5. *Interaction Effect of Social Support on the Relationship Between Self-Efficacy and Experiences of Ageism.*

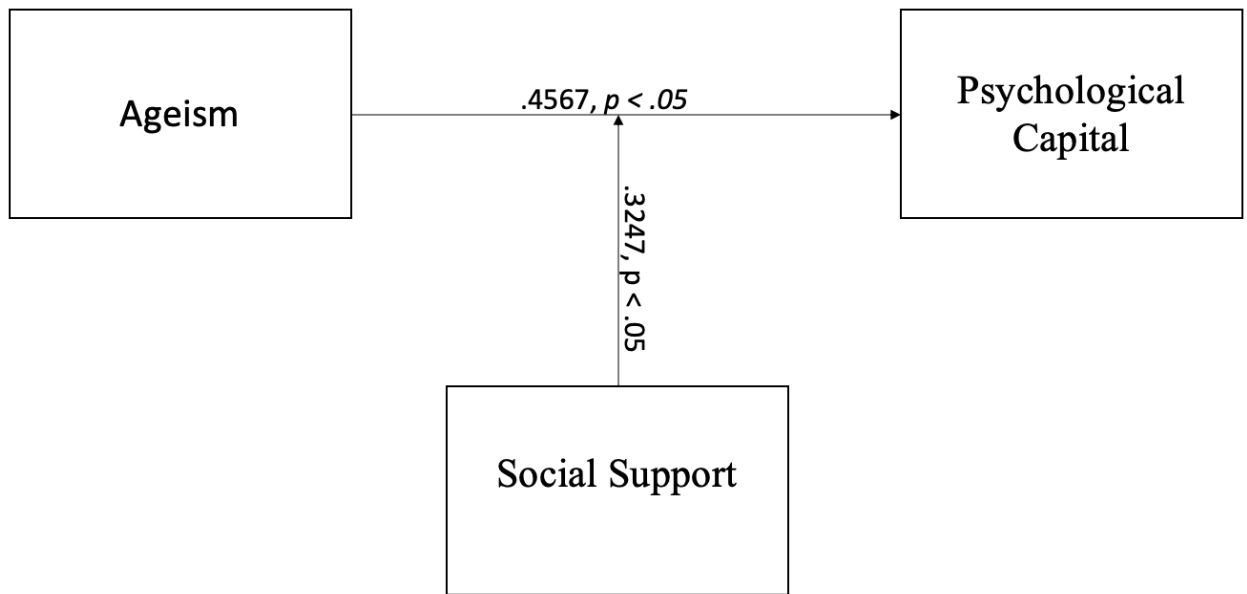


Figure 6. *Path Analysis delineating the Moderating Effect of Social Support on the Mediating Relationship Between Ageism and Psychological Capital.*

Table 3. *Descriptive Statistics*

Variable	N	Mean	Standard Deviation	Range	Skewness	Z Skewness	Kurtosis	Z Kurtosis	Missing Data
Age	208	56.13	7.45	37.00	.389	.169	.044	.336	0%
Self-Efficacy	208	5.34	.901	5.00	2.29*	.169	6.48*	.336	.5%
Ageism	208	1.83	.745	1.20	1.32*	.169	1.14*	.336	.5%
Social Support	208	2.55	.224	1.83	1.04*	.169	3.98*	.336	.5%

*denotes violation of skewness and kurtosis

CHAPTER FOUR

Discussion

Discussion: Introduction

Taking into consideration the negative impact ageism has on employees (Finkelstein et al., 2019), and how important self-efficacy is for employee outcomes (Hellreigel et al., 1998); the goal of the present study was to assess the degree to which ageism affects the relationship between employee age and self-efficacy, as well as determine if social support could act as a moderator for the relationship between ageism and self-efficacy. Results of the present study confirmed that older employees tend to exhibit higher levels of self-efficacy. Furthermore, results did not provide support for Hypothesis 2 which proposed, there is a mediating relationship between age and self-efficacy, mediated by perceptions of ageism. Finally, results only partially supported Hypothesis 3, indicating that social support did act as a moderator between perceptions of ageism and self-efficacy.

The results for Hypothesis 1 supported the proposition that older employees exhibit increased occupational self-efficacy levels, even after the age of 40. Due to older employees remaining in their respective careers for much longer than in past generations, it is important to understand how self-efficacy level changes as a function of age. Self-efficacy is extremely relevant to areas of organizational behavior and human resource management. Specifically,

occupational self-efficacy is important for the older working population because of the stereotypes that are often associated with older workers. For instance, supervisors may perceive older workers to not have the ability to effectively execute tasks that are complex and may not assign these tasks to older workers to reduce risk associated with assigning such tasks (Fossum et al., 1986). Similar empirical research by Fletcher et al. (1992) found that occupational self-efficacy is pertinent to older adults particularly during the latter portion of their careers. Fletcher and colleagues also concluded that occupational self-efficacy has a strong correlation with intrinsic job motivation. Paggi and Jopp (2015) had similar findings, when they found occupational self-efficacy was predictive of intrinsic motivation. This indicates that when older employees have increased self-confidence about their ability to successfully perform job tasks, they feel motivated to work harder because it is personally gratifying.

Lastly, manifesting high self-efficacy levels not only is important for job creativity, but also has a positive impact on other work outcomes. For instance, researchers have found that self-efficacy is positively correlated with job performance, satisfaction, and attendance (Frayne & Latham, 1987; Locke & Latham, 1990). More recently, Chiesa et al. (2016) found through their research that the relationship between organizational age stereotypes and occupational self-efficacy is significant for older employees.

The results from Hypothesis 2, which found ageism did not mediate the relationship between employee age and self-efficacy, aligns with previous

research. Olson and Jeske (2019) concluded that age stereotypes can negatively impact the self-efficacy of older employees. The present findings do confirm this, in that a significant negative relationship ($r = -.271$) was found between perceptions of ageism and occupational self-efficacy. However, the mediation findings do not correspond with previous findings. Ageism has been described as pervasive, and detrimental, yet remains one of the most culturally acceptable forms of inequity in the workplace (Tougas, Lagacé, De la Sablonnière, & Kocum, 2004). Past researchers have concluded that older employees encounter significant barriers in the workplace because of ageist attitudes, and age discrimination has the potential to promote ageist discourse, overt ageist attitudes, and discriminatory behaviors predicated on age (McCann & Giles, 2002). As previously noted, the impact of ageism has been found to be linked with diminished self-efficacy, decreased performance, and cardiovascular stress among older workers (Levy, Ashman, & Dior, 1999).

Marchiondo, Gonzales, and Ran (2016) maintain that ageism operates dynamically throughout the working lifespan and that vulnerable out-groups include older and younger employees, while middle-aged workers represent the in-group. With that regard, ages of 40-65 years are generally considered to account for middle age employees, not older employees. Given that more 90% of the sample from the present study contained employees who were ranged in age from 40 to 65, this may have contributed to the non-significant results. Additionally, some research suggests that older workers who are more educated

are less likely to experience instances of ageism in the workplace (Reyna, Goodwin, & Ferrari, 2007). Given that 55.7% of respondents in the present study reported possessing a bachelor's or master's degree, it is likely that increased education level contributed to the lack of mediation. Furthermore, the lack of significant findings can possibly be attributed to range restriction in which the majority of the sample consisted of educated, Caucasian individuals between the ages of 40 and 65. Since individuals were mostly Caucasian and educated this could have acted as a buffer and suppressed instances of ageism from occurring. Lastly, non-significant results could be the result of participants reluctance or hesitancy to share their experiences of ageism.

Hypothesis 3 utilized a moderated mediation analysis to examine the integrative model, which assessed ageism, social support, and self-efficacy simultaneously. The initial analysis intended to test whether ageism impacted the relationship between age and self-efficacy. Results revealed that there was no significant mediating effect present. The subsequent analysis was conducted to determine whether social support could moderate the relationship between ageism and self-efficacy. Results confirmed that social support was a significant moderator for the relationship. Given these results, Hypothesis 3 was partially supported whereby social support did act as a significant intervening variable between ageism and occupational self-efficacy. However, no significant mediating effect between age, ageism, and occupational self-efficacy was

detected. The findings that social support served as moderator for age discrimination corroborates previous research on the topic.

Previous researchers contend that ageism acts a stressor, that negatively impacts job and life satisfaction, perceived power and prestige of the job, and commitment (Redman & Snape, 2006). Furthermore, Redman and Snape confirmed that there is a buffering effect for non-work-based social support for life satisfaction. These findings suggest that non-work-based social support (i.e., family support) can diminish or reverse the deleterious impact of ageism on older employees. Correspondingly, research on gender differences in utilization of social support discovered that for both men and women, social support moderated occupational stressors (e.g., job satisfaction, organizational commitment, and security) (Bellman et al., 2003). Although, Bellman and colleagues found that social support interacted with stressors differently as a function of gender. This research denotes that social support has the potential to yield different results for men and women. Since it was concluded that social support significantly moderated the relationship between ageism and self-efficacy (Greenberg et al., 2002; Holahan & Holahan, 1987; Thompson et al., 2002) these results give support to Hypothesis 3.

While much literature and study has been devoted to occupational self-efficacy, ageism, and social support; this model is distinct from other research in that no previous researchers have studied all three constructs within one research domain. This research is integral in that it furthers the understanding of

the previously mentioned variables, while simultaneously presenting new findings on how to ameliorate the impacts of ageism.

Limitations

The present study offers numerous auspicious theoretical and practical implications for ageism, social support, and the relationship between age and perceptions of self-efficacy. Before these implications are delineated, there are a several limitations that merit discussion.

First, the sample was derived from an online crowdsourcing marketplace. Using this tool means that older adults had to be somewhat technologically advanced enough to access and navigate the survey. This implies that older individuals who participated in the study may not fully represent employees of the general population. Research has found that generally, the self-report educational level of MTurk workers is higher than the general population (Paolacci, Chandler, & Ipeirotis, 2010). The vast majority of participants in the present study reported receiving a bachelor's degree or higher. As previously noted, level of education has the potential to increase or decrease the likelihood of experiencing ageism in the workplace.

Second, using an online crowdsourcing tool means that individuals must have internet access to participate in the survey, which could account for the ethnic minority distribution for this sample not being representative of the general population. Although, the survey was opened in two different batches to make

sure, there was an even distribution of age; however, there was no function to ensure that there was a representative distribution of ethnicity. As a result, the vast majority of participants in the survey were Caucasian and female. Paolacci, Chandler, and Ipeirotis (2010) note that among U.S. based Mechanical Turk workers there are substantially more women (64.8%) than men (35.2%). The uneven distribution of diversity does not corroborate with previous research that found MTurk participants are slightly more demographically diverse than are typical Internet samples and significantly more diverse than standard American college samples (Buhrmester, Kwang, & Gosling, 2011). Given that there was not much ethnic diversity in this sample; this is a limitation because it can potentially affect the generalizability of our research findings.

Finally, respondents in their 60s and 70s who are still working may represent selective attrition (Shultz & Fisher, 2017). That is, individuals still working well into their 60s and 70s are likely to be both hardier and more resilient in terms of their experience of handling instances of workplace ageism. This is also born out in the positive correlation observed between age and occupational self-efficacy. Although the relationship between age and psychological capital was not significant. Thus, older workers who may have experienced more instances of, or severity of, ageism in the workplace may have already decided to exit the workforce and thus were not part of the sample.

Theoretical Implications

Overall, the theoretical contribution of this thesis to the extant literature on ageism, social support, and self-efficacy is threefold. This thesis advances current research by: (1) furthering the understanding of the stress-buffering hypothesis, (2) contributing to the understanding of ageism which covers discrimination, stereotypes, and prejudice, on the self-efficacy levels of employees, (3) extending the current knowledge of the relationship between age and self-efficacy. Since results from this thesis supported the notion that social support does significantly moderate the impact of ageism on self-efficacy. This finding supports the stress-buffering hypothesis which asserts that support buffers or protects individuals from the pathogenic effect of stressful events (Cohen, 1992). Furthermore, the extant literature has typically neglected the exploration of social support in the organizational domain. This research furthers the research of social support by applying it to an organizational context in an effort to determine whether social support can be beneficial to older employees and their ability to effectively perform tasks. Therefore, from this thesis it can be concluded that social support, a multidimensional construct, not only influences health of outcomes of individuals but also influences performance outcomes of employees.

Second, this thesis provides evidence that ageism among older adults has the potential to impact employee occupational self-efficacy. As previously mentioned, this aligns with prior research that found that older individuals who

are subjected to negative age-based stereotypes are more inclined to have poor memory performance, self-efficacy, and negative perceptions of other elderly individuals (Levy, 1996). Levy also found that older individuals exposed to the positive age stereotypes exhibited higher memory self-efficacy than older individuals exposed to negative age stereotypes. This study extends previous research, while simultaneously creating new arguments about the impact of age discrimination on self-efficacy levels of older employees.

Third, results indicate that as employees age increase, self-efficacy levels increase in a linear fashion. Given the ubiquitous and erroneous stereotypes that typecast older individuals as less motivated or lack creativity this has the potential to lead to low self-efficacy beliefs among older employees. These beliefs that are held by many about older workers align with social identity theory. However, findings from this study suggest that older employees exhibited increased levels of self-efficacy. A previously noted, experience has been mentioned to be one of the biggest indicators of self-efficacy (Bandura, 1982). Given these findings it can be concluded that older employees have higher self-efficacy levels due to the duration in which these individuals have held their respective job title.

Lastly, future researchers should explore other possible moderators to buffer the relationship between ageism and self-efficacy. Additionally, future researchers should examine the intersectionality as it applies to ageism and its impact on self-efficacy. Thus, future researchers should explore social support as

not only a moderator for ageism, but also as a mediator of job control and psychological capital.

Practical Implications

The findings from this thesis show the relationship between age and occupational self-efficacy and further delineate the mediating relationship between ageism and self-efficacy. Therefore, this research supports previous literature on ageism and its impact of self-efficacy. For example, research has found that ageism can negatively impact an older worker's self-efficacy (Finkelstein et al., 2019). Although, there are many studies that involve self-efficacy, social support, and ageism, there is little empirical research on all three constructs, and how each impact one another. Self-efficacy has important implications for employees and employee outcomes. Increased perceptions of self-efficacy are not only influential for employee productivity but have also been shown to have positive impacts on coping capabilities, amount of stress and depression an individual experience in threatening or problematic circumstances (Bandura, 1994). Findings further supported the proposition that social support has a buffering effect on the relationship between ageism and self-efficacy.

Social support can also act as a moderator for other important organizational outcomes. For example, Galletta et al. (2011) found that nurses who received supervisory support (e.g., recognition, encouragement, flexible work schedules) reported higher levels of job satisfaction and intentions to

remain employed with the organization. This indicates that social support, specifically, from a supervisor lead to better job outcomes. Furthermore, social support from managers, supervisors, co-workers, and family members can help reduce the negative impacts that may have been a result of ageism.

This research is beneficial to organizations in three areas: (1) employees who have increased levels of self-efficacy will be more inclined to accomplish tasks that are more difficult, which can benefit organizations and increase productivity; (2) this research can help convey to organizational leaders that instances of ageism are deleterious for older employees, which will help organizational leaders find better ways to buffer the impact; and (3) older employees who have experienced instances of ageism (discrimination, prejudice, and stereotyping) may be able to find strategies to separate themselves from the past experiences of injustice by using past experiences with stigma in order to surmount the negative effects associated with ageism (Webster et al., 2019).

Conclusion

Unifying constructs that have been previously researched independently into one integrative model expands on the extant occupational and aging research in addition to facilitating new research ideas for future research. The intended purpose of this thesis was to explore the pernicious impact that ageism has on occupational self-efficacy, which is consistent with previous findings and determine whether social support can mitigate this relationship. Through

empirical research, findings determined that social support in fact did diminish the impact that ageism has on occupational self-efficacy. However, inconsistent with previous research, results revealed that ageism did not mediate the relationship between age and occupational self-efficacy. Although these findings were inconsistent with previous literature, this thesis does call attention to the negative effects that ageism has on older employees. In essence, this study contributes to the current literature on ageism, social support, and occupational self-efficacy, thereby furthering the understanding of these constructs. However, it is imperative that more research is devoted to finding ways to lessen the damaging effect that ageism has on older employees and creating initiatives to increase their self-efficacy.

APPENDIX A
DEMOGRAPHICS QUESTIONNAIRE

Demographic Information Pertaining to Respondents

1. What is your age? _____
2. What is your gender?
 - ☐ Male
 - ☐ Female
 - ☐ Genderqueer
 - ☐ Androgynous
 - ☐ Intersex
 - ☐ Transgender
 - ☐ Transsexual
 - ☐ Gender fluid
 - ☐ Non-Conforming
 - ☐ I prefer not to answer
3. What is your ethnicity?
 - ☐ African American
 - ☐ Asian American
 - ☐ Caucasian
 - ☐ Latino or Hispanic
 - ☐ Native American
 - ☐ Other _____
4. What is the highest level of education you have completed?
 - ☐ Less than a High School Diploma
 - ☐ Some High School
 - ☐ High School Completed
 - ☐ Associates Degree
 - ☐ Bachelor's Degree
 - ☐ Master's Degree
 - ☐ Ph.D. or higher
 - ☐ Trade or Vocational School
 - ☐ Other _____
5. What is your current marital status?
 - ☐ Single, never married
 - ☐ Married, or in a domestic partnership
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed
 - ☐ Long term committed relationship
6. Which of the following best describes your current employment status?
 - ☐ Part-time
 - ☐ Full-time
 - ☐ Not currently employed
7. How many hours per week do you work (excluding overtime)?
8. How many dependents do you have (e.g., parents, children etc.)?

9. How long have you been employed with your current organization?

10. Approximately, how many hours a week do you work (including overtime)?

11. What type of industry do you for?
☐ Public
☐ Private
☐ Not-for-profit sector
☐ Other _____
12. What industry do you work in? _____
13. How long have you been employed with your current organization?
_____months_____years
14. What is your annual household income?
☐ Less than \$20,000
☐ \$20,000 – \$39,999
☐ \$40,000 – \$59,999
☐ \$60,000 – \$79,999
☐ \$80,000 – \$99,999
☐ \$100,000 – \$149,999
☐ \$150,000 +

APPENDIX B

WORKPLACE AGE DISCRIMINATION SCALE

Please specify the frequency in which you experience the following in the workplace (1= quite often, 2 = often, 3 = sometimes, 4 = rarely, 5 = never).

1. I have been passed over for a work role/task due to my age.
2. My contributions are not valued as much due to my age.
3. I have been given fewer opportunities to express my ideas due to my age.
4. I have unfairly been evaluated less favorably due to my age.
5. I receive less social support due to my age.
6. I have been treated as though I am less capable due to my age.
7. I have been treated with less respect due to my age.
8. Someone has delayed or ignored my requests due to my age.
9. Someone has blamed me for failures or problems due to my age.

Citation: Marchiondo, L.A., Gonzales, E. & Ran, S. Development and Validation of the Workplace Age Discrimination Scale. *J Bus Psychol* 31, 493–513 (2016).
<https://doi.org/10.1007/s10869-015-9425-6>

APPENDIX C
OCCUPATIONAL SELF-EFFICACY SCALE

A Short Version of the Occupational Self-Efficacy Scale

I can remain calm when facing difficulties in my job because I can rely on my abilities.

When I am confronted with a problem in my job, I can usually find several solutions.

Whatever comes my way in my job, I can usually handle it.

My past experiences in my job have prepared me well for my occupational future.

I meet the goals that I set for myself in my job.

I feel prepared for most of the demands in my job.

Response Categories: 1 = not true at all, 6 = completely true

Citation: Rigotti, T., Schyns, B., & Mohr, G. (2008). A Short Version of the Occupational Self-Efficacy Scale: Structural and Construct Validity Across Five Countries. *Journal of Career Assessment*, 16(2), 238–255. <https://doi.org/10.1177/1069072707305763>

APPENDIX D
SOCIAL SUPPORT SCALE

Please rate items from 1 = not at all to 4 = very much

Scale	Item
Family Support	<p>When something goes wrong at work, I can talk it over with my friends or family.</p> <p>My friends/family care about how I feel about my job.</p> <p>My friends/family help me feel better when I've had a hard day at work.</p> <p>My friends/family are interested and proud when something good happens at work.</p>
Coworker Support	<p>My coworkers care about me.</p> <p>People I work with are competent in doing their jobs.</p> <p>People I work with take a personal interest in me.</p> <p>I am exposed to hostility and conflict from the people I work with. (reverse coded)</p> <p>People I work with are friendly.</p> <p>The people I work with encourage each other to work together.</p>
Immediate Supervisor and Unit Supervisor	<p>People I work with are helpful in getting the job done.</p> <p>My supervisor is concerned about the welfare of those under him or her.</p> <p>My supervisor pays attention to what I'm saying.</p> <p>My supervisor exposes me to hostility and conflict.</p> <p>My supervisor is helpful in getting the job done.</p> <p>My supervisor is helpful in getting people to work together.</p> <p>My supervisor gives me credit for things I do well.</p> <p>My supervisor criticizes me for small things.</p> <p>My supervisor backs me up if there is a problem.</p> <p>My supervisor cares about me.</p> <p>My supervisor appreciates me.</p>

Citation: Baruch-Feldman, C., Brondolo, E., Ben-Dayana, D., & Schwartz, J.
(2002). Sources of social support and burnout, job satisfaction, and productivity.
Journal of Occupational Health Psychology, 7(1), 84-93. [https://doi-
org.libproxy.lib.csusb.edu/10.1037/1076-8998.7.1.84](https://doi-org.libproxy.lib.csusb.edu/10.1037/1076-8998.7.1.84)

12-item Measure of Perceptions of Social Support

1. If I wanted to go on a trip for a day (for example, to the country or the mountains), I would have a hard time finding someone to go with me.
1. definitely false 2. probably false 3. probably true 4. definitely true
2. I feel that there is no one I can share my most private worries and fears with.
1. definitely false 2. probably false 3. probably true 4. definitely true
3. If I were sick, I could easily find someone to help me with my daily chores.
1. definitely false 2. probably false 3. probably true 4. definitely true
4. There is someone I can turn to for advice about handling problems with my family.
1. definitely false 2. probably false 3. probably true 4. definitely true
5. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.
1. definitely false 2. probably false 3. probably true 4. definitely true
6. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.
1. definitely false 2. probably false 3. probably true 4. definitely true
7. I don't often get invited to do things with others.
1. definitely false 2. probably false 3. probably true 4. definitely true
8. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).
1. definitely false 2. probably false 3. probably true 4. definitely true
9. If I wanted to have lunch with someone, I could easily find someone to join me.
1. definitely false 2. probably false 3. probably true 4. definitely true
10. If I was stranded 10 miles from home, there is someone I could call who could come and get me.
1. definitely false 2. probably false 3. probably true 4. definitely true

11. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.

1. definitely false 2. probably false 3. probably true 4. definitely true

12. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.

1. definitely false 2. probably false 3. probably true 4. definitely true

APPENDIX E
PSYCHOLOGICAL CAPITAL SCALE

Below are statements that describe how you may think about yourself right now. Use the following scale to indicate your level of agreement or disagreement with each statement. (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, 6 = strongly agree).

1. I feel confident analyzing a long-term problem to find a solution. ^S
 2. I feel confident representing my work area in meetings with management. ^S
 3. I feel confident contributing to discussions about the company's strategy. ^S
 4. I feel confident helping to set targets/goals in my work area. ^S
 5. I feel confident contacting people outside the company (e.g., suppliers, customers) to discuss problems. ^S
 6. I feel confident presenting information to a group of colleagues. ^S
 7. If I should find myself in a jam at work, I could think of many ways to get out of it. ^H
 8. At the present time, I am energetically pursuing my work goals. ^H
 9. There are lots of ways around any problem. ^H
 10. Right now, I see myself as being pretty successful at work. ^H
 11. I can think of many ways to reach my current work goals. ^H
 12. At this time, I am meeting the work goals that I have set for myself. ^H
 13. When I have a setback at work, I have trouble recovering from it, moving on. (R) ^R
 14. I usually manage difficulties one way or another at work. ^R
 15. I can be "on my own," so to speak, at work if I have to. ^R
 16. I usually take stressful things at work in stride. ^R
 17. I can get through difficult times at work because I've experienced difficulty before. ^R
 18. I feel I can handle many things at a time at this job. ^R
 19. When things are uncertain for me at work, I usually expect the best. ^O
 20. If something can go wrong for me work-wise, it will. (R) ^O
 21. I always look on the bright side of things regarding my job. ^O
 22. I'm optimistic about what will happen to me in the future as it pertains to work. ^O
 23. In this job, things never work out the way I want them to. (R) ^O
 24. I approach this job as if "every cloud has a silver lining." ^O
-

(R) denotes reverse scored.

^S denotes Self-Efficacy

^H denotes Hope

^R denotes Resilience

° denotes Optimism

Citation: Luthans, F., Avolio, B., Avey, J., & Norman, S. (2007). Psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60, 541-572. Items adapted from Parker, 1998; Snyder, et al., 1996; Wagnild & Young, 1993; Scheier & Carver, 1985.

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL

IRB-FY2020-252 - Initial: Psych Reviewers Admin/Exempt Approval Letter



mgillesp@csusb.edu

to me, Ken.Shultz ▾

Tue, Mar 10, 4:04 PM



March 10, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-252

Sean Alexander and Kenneth Shultz
Department of CSBS - Psychology
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Sean Alexander and Kenneth Shultz

Your application to use human subjects, titled "THE IMPACT OF EXPERIENCING AGEISM AND SOCIAL SUPPORT ON THE RELATIONSHIP BETWEEN AGE AND PERCEPTIONS OF SELF-EFFICACY" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

Your IRB proposal is approved. You are permitted to collect information from [200] participants for [\$2] from [MTURK]. This approval is valid from [3/10/2020].

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator include reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Dr. Jacob Jones, Assistant Professor of Psychology. Dr. Jones can be reached by email at Jacob.Jones@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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